

AREA PLAN BUDGET SUMMARY - BUDGETED COSTS

TITLE III ADMIN AND TITLE III PROGRAMS

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
COST CATEGORIES		(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III D Disease Prev	(f) III E Family Caregiver	(g) Total Title III
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
	IN-KIND							
11. Contracted Services Costs (+)	CASH							
	IN-KIND							
12. TOTAL TITLE III COSTS (=)	CASH							
	IN-KIND							
13. TOTAL CASH & IN-KIND								

AREA PLAN BUDGET APPROVAL			
FOR STATE USE ONLY			
Fiscal Specialist Approval	Date	Fiscal Coach Verification	Date

AREA PLAN BUDGET SUMMARY - BUDGETED COSTS

TITLE III, TITLE VII, AND COMMUNITY BASED SERVICES PROGRAMS (CBSP)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
COST CATEGORIES		(a) VII Ombudsman	(b) VII Elder Abuse Prev	(c) Total Title VII	(d) Total Title III (Page 1 Col (g))	(e) Total Title III & VII	(f) Community Based Services	(g) Total III, VII, & CBSP
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
	IN-KIND							
AGENCY COSTS (=)	CASH							
	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
	IN-KIND							
AGENCY COSTS (=)	CASH							
	IN-KIND							
11. Cost of Contracted Services (+)	CASH							
	IN-KIND							
12. TOTAL AREA	CASH							
	IN-KIND							
PLAN COSTS (=)	CASH							
	IN-KIND							
13. TOTAL CASH & IN-KIND								

AREA PLAN BUDGET SUMMARY - BUDGETED FUNDING

TITLE III, VII, & COMMUNITY BASED SERVICES PROGRAMS (CBSP)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
SECTION A FUNDING SOURCES		(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III D Disease Prev	(f) III E Family Caregiver	(g) Total Title III
1. Program Income	CASH							
2. NSIP	CASH							
3. Non-Matching Contributions	CASH							
	IN-KIND							
4. State Funds	CASH							
5. Matching Contributions	CASH							
	IN-KIND							
6. Federal Funding Grandparent	CASH							
7. Federal Funding Other	CASH							
8. TOTAL TITLE III	CASH							
	IN-KIND							
FUNDING								
9. TOTAL CASH & IN-KIND								
SECTION B FUNDING SOURCES		(h) VII Ombudsman	(i) VII Elder Abuse Prev	(j) Total Title VII	(k) Total Title III (Page 3 Col (g))	(l) Total Title III & VII	(m) Community Based Services	(n) Total III, VII, & CBSP
10. Program Income	CASH							
11. NSIP	CASH							
12. Non-Matching Contributions	CASH							
	IN-KIND							
13. State Funds	CASH							
14. Matching Contributions	CASH							
	IN-KIND							
15. Federal Funding Grandparent	CASH							
16. Federal Funding Other	CASH							
17. TOTAL AREA	CASH							
	IN-KIND							
PLAN FUNDING								
18. TOTAL CASH & IN-KIND								
SECTION C								
MINIMUM MATCHING REQUIREMENTS								
ITEM	(a) Area Plan Admin	(b) Title III B, C, & D Programs	(c) Title III E Programs	(d) Total Min Matching				
1. Costs to be Matched								
2. Required Matching Percentages	25%	10.53%	25%					
3. Minimum Required Match								
4. Required Local Public Agencies Matching = Line 3 x 25%								

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BUDGET PERIOD:	[] ORIGINAL	[] REVISION NO.:										
SECTION A MATCHING CONTRIBUTIONS			CONTRACT NO.:						DATE:		PSA NO.:	
Source	Cash	In-Kind	Total									
TOTAL												
SECTION B LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS				SECTION D ADEQUATE PROPORTION CALCULATION FOR PRIORITY SERVICES								
Source	Cash	In-Kind	Total	ITEM	Amount							
				1. Total Supportive Services Federal Share								
				Page 8 Column (h) (+)								
				2. Less III B Ombudsman Federal Share								
				Page 8 Column (h) Direct and Contracted (-)								
				3. Less III B One-Time-Only								
				Page 8 Column (h) Direct and Contracted (-)								
				4. Equals III B Supportive Services Base Allocation (=)								
TOTAL				Priority Services (Do not include OTO)	Federal Share	% of Base*	Approved Percentage^					
				5. Information & Assistance								
				6. Case Management								
				7. Assisted Transportation								
				8. Transportation								
				9. Outreach								
				10. Total Access								
				11. Personal Care								
				12. Homemaker								
				13. Chore								
				14. Visiting								
				15. In-Home Respite								
				16. Alzheimer's Day Care								
				17. Minor Home Modification								
				18. Total In-Home								
				19. Legal Assistance								
				* Total Federal Share Divided by III B Base (line 4) ^ As Approved in the Area Plan								
SECTION C TRANSFER OF FUNDS (Do not include OTO)				SECTION E III B ONE-TIME-ONLY ALLOCATIONS (List Programs and Amounts):								
Federal Funds	Current Budget Display	Increase	Decrease	New Budget Display								
1. III B Admin												
2. III C-1 Admin												
3. III C-2 Admin												
4. III B Ombudsman												
5. III B Program												
6. III C-1 Program												
7. III C-2 Program												
8. NSIP C-1 Congr Program												
9. NSIP C-2 Home Del Program												
State Funds												
10. State B Ombudsman												
11. State B Other Program												
12. State C-1 Admin												
13. State C-1 Program												
14. State C-2 Admin												
15. State C-2 Program												
16.State D Program												
CBSP Funds												
17. ADCRC												
18. Brown Bag												
19. Linkages												
20. Respite POS												
21. Senior Companion												
22. CBSP Admin												

SCHEDULE OF PAID PERSONNEL COSTS

TITLE VII & COMMUNITY BASED SERVICES PROGRAM (CBSP) DIRECT SERVICES

[illegible]

SCHEDULE OF SUPPORTIVE SERVICES (III B)

BUDGET PERIOD:	[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
PART I DIRECT SERVICES								
Program Development								
Coordination								
TOTAL DIRECT III B SERVICES								
PART II CONTRACTED SERVICES								
Personal Care (In-Home)*								
Homemaker (In-Home)*								
Chore (In-Home)*								
Adult Day/Health Care (In-Home)*								
Case Management (Access)*								
Assisted Transportation (Access)*								
Transportation (Access)*								
Legal Assistance*								
Information & Assistance (Access)*								
Outreach (Access)*								
Other Services:								
a. Housing								
b. Alzheimer's Day Care (In-Home)*								
c. Security/Crime								
d. Health								
e. Mental Health								
f. Comm Svcs/Senior Center Mgt								
g. Employment								
h. Consumer								
i. Visiting (In-Home)*								
j. In-Home Respite (In-Home)*								
k. Minor Modification (In-Home)*								
l.								
Ombudsman								
TOTAL CONTRACTED III B SERVICES								
TOTAL III B SUPPORTIVE SERVICES								

*-Denotes Priority Services Category

SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:			CONTRACT NO.:		DATE:	PSA NO.:
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Other:*								
Other:*								
Total Supplemental Services								
TOTAL III E DIRECT SERVICES								

* - Requires Prior Approval From CDA

SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:			CONTRACT NO.:		DATE:	PSA NO.:
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Other:*								
Other:*								
Total Supplemental Services								
TOTAL III E CONTRACTED SERVICES								
TOTAL III E DIRECT & CONTRACTED SERVICES								

* - Requires Prior Approval From CDA

SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
SERVICE PROVIDER	Service Provided	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e)	Matching Contributions		(h)
CONTRACT NUMBER				(c) Cash	(d) In-Kind	State Funds	(f) Cash	(g) In-Kind	Federal Share
TOTAL III E CONTRACTED SERVICES									

SCHEDULE OF COMMUNITY BASED SERVICES PROGRAM (CBSP)

BUDGET PERIOD:	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
PROGRAMS	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions	
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind
PART I DIRECT SERVICES							
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Direct Services							
PART II CONTRACTED SERVICES							
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Contracted Services							
Total Direct & Contracted Community Based Services Programs							

(OPTIONAL)

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:			CONTRACT NO.:		DATE:		PSA NO.:
Funding Source		(a) Title III	(b) Title VII	(c) Community Based Services	(d)	(e)	(f)	(g)	(h) Total
Local Funds	CASH								
Local Funds	IN-KIND								
State Funds	CASH								
Federal Funds	CASH								
Total Funds									
Funding Source									
Local Funds	CASH								
Local Funds	IN-KIND								
State Funds	CASH								
Federal Funds	CASH								
Total Funds									